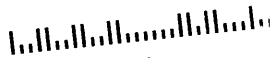


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

POB
219Circuit Clerk
Barbour County
~~One Court Square~~
Clayton, AL 36016

Nail

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Tina Wade

☐ Agent☐ Addressee

B. Received by (Printed Name)

Tina Wade

C. Date of Delivery

6-29-07

D. Is delivery address different from item 1? ☒ Yes ☐ No

If YES, enter delivery address below:

2:06cv21

28 order

POB
219

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7006 2760 0005 4873 9204

© 2011 February 2004

Domestic Return Receipt

102595-02-M-1540